

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46086

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar

12603

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>		d. STREET ADDRESS <b>5301 Page Blvd</b>	
3. NAME OF DECEASED (Type or print) <b>Sister Mary Agnes (Mary Agnes) McShane</b>		4. DATE OF DEATH Month <b>Dec.</b> Day <b>27</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 15, 1880</b>
9. AGE (In years last birthday) <b>77</b>		10. IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> Hours <b>7</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Religious- Daughter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>of Charity</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Henry McShane</b>		14. MOTHER'S MAIDEN NAME <b>Mary Kehoe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Sister Rose Mary</b>		Address <b>5301 Page Blvd.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bacteremia</b> DUE TO (b) <b>Generalized Peritonitis</b> DUE TO (c) <b>Ruptured sigmoid Colon</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Sigmoid perforated by prune seed.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>20 hrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<b>42</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>3</b> Month <b>3</b> Day <b>3</b> a. m. <b>33</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>12-27</b> to <b>12-27</b> and last saw her alive on <b>12-27</b> Death occurred at <b>10:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John J. Shaner M.D.</b>		22b. ADDRESS <b>3720 Washington Blvd.</b>	
22c. DATE SIGNED <b>12-28-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/30/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Marillac Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Normandy Mo.</b>	
24. FUNERAL DIRECTOR <b>Cullen Kelly</b>		ADDRESS <b>7267 Natural Bridge</b>	
25. DATE RECD. BY LOCAL REG. <b>DEC 30 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*James A. Lammie*

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.